

FIRE PROTECTION SYSTEMS PERMIT APPLICATION

In accordance with Chapter 11 of the City Code

**If this application is for an alarm system,
it must be signed by the Master Electrician.**

Application No. _____

Date _____

Total Fee _____

Application Fee _____

Amount Due _____

All information requested in this application must be answered completely.

1. SUBJECT PROPERTY

Street Address _____ Suite No. _____

Lot _____ Block _____ Floor No. _____

2. APPLICANT

Name _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Fax _____

3. CONTRACTOR

Name _____

City Electrical Licence or Maryland State Sprinkler License Number _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone _____

4. PROPERTY OWNER

Name _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Daytime Telephone _____

5. OCCUPANT/BUSINESS OWNER

Business Name (if applicable) _____

Occupant's/Business Owner's Name _____

Daytime Telephone _____

6. PERMIT TYPE

Proposed Work: ☐ Residential ☐ Commercial

7. PROJECT DESCRIPTION.

Describe the work to be performed:

8. PROJECT DETAIL INFORMATION

Please check the type of work and indicate number of devices:

Alarm Detection Systems

Alarm System (new)	# of Stories	_____	(\$ 250.00 per story)
Alarm Systems (alteration)	# of Devices	_____	(\$ 10.00 per device, min. \$75.00)

Halon/CO ₂ /Clean Agent	(# lbs)	_____	(\$ 0.50 per lb. of agent, min. \$ 100.00)
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Sprinkler and Standpipe Systems

Sprinkler System	# of Heads	_____	(\$ 3.00 per head, min. \$ 75.00)
Standpipe System	<input type="checkbox"/> Yes <input type="checkbox"/> No		(\$ 150.00)
Drywet Chemical Extinguish	<input type="checkbox"/> Yes <input type="checkbox"/> No		(\$ 150.00)
Smoke Control System	<input type="checkbox"/> Yes <input type="checkbox"/> No		(\$ 200.00)
Fire Pump Test	(Qty) _____		(\$ 200.00)
Fire Main Flush Test	(Qty) _____		(\$ 50.00)
Emergency Generator Test	(Qty) _____		(\$ 100.00)

General Fire Protection Permits (\$ 25.00 each). Please check all that apply.

- ☐ To install, remove, repair or alter a stationary tank for the storage of flammable or combustible liquids, dispensing devices, or associated piping. Term - Six (6) months.
- ☐ For placing any flammable or combustible liquid stationary tank temporarily or permanently out of service. Term - three (3) months.
- ☐ To remove, abandon, place temporarily out of service or otherwise dispose of any flammable or combustible liquid tank. Term - Three (3) months.
- ☐ To use any building, shed, or enclosure as a place of business for the purpose of repairing any motor vehicle. Term - Indefinite.
- ☐ To conduct floor resurfacing and refinishing operations involving the use of application of flammable liquids or materials. Term - Thirty (30) days.
- ☐ For spraying or dipping operations utilizing more than one gallon flammable or combustible liquids on any working day. Term - Indefinite.
- ☐ For the operation of a bulk storage plant and for storage and dispensing liquefied petroleum gases. Term - Indefinite.
- ☐ To store or handle combustible fibers in excess of 100 cubic feet. Term - indefinite.
- ☐ To conduct or maintain any tire recapping or rebuilding plan. Term - Indefinite.
- ☐ To store in excess of 100, 000 board feet of lumber. Term - Indefinite.
- ☐ To use explosives for up to one month, \$25; \$5 for each additional month. Term - Not to exceed twelve (12) months.

I hereby certify that I have read and examined this application and that all statements are true and correct; furthermore, I certify that I am the Owner or Lessee of the property, or Agent of either, or the licensed Engineer or Contractor employed in connection with the proposed work and that the proposed work is authorized by the Owner in fee and I am authorized to make such application.

Master Electrician's Name (for Alarm Systems only) _____

Master Electrician's Signature _____ Date _____

Applicant's Name (please print) _____

Applicant's Signature _____ Date _____

Daytime Telephone _____